

No. 2
4-13-40
5-17-39
I X23189

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6099

State File No.

Registrar's No.

Registration District No. 104

Primary Registration District No. 3008

1 364

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Callaway
(a) County
(b) City or town: Fulton
(c) Name of hospital or institution: State Hospital No 1
(d) Length of stay: In hospital or institution 9m 19d
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Moniteau
(c) City or town: California
(d) Street No.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: Pleasant Reed
(b) If veteran, name war: OK
(c) Social Security No.: OK

20. DATE OF DEATH: Month Feb day 26
year 1942 hour 2-55 minute P M.

4. Sex: M. Color of race: W
5. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife: OK
6. (c) Age of husband or wife if alive: 51 years

21. I hereby certify that I attended the deceased from 2-25-1942 to 2-26-1942
that I last saw him alive on 2-26-1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug 27 1858
8. AGE: Years 83 Months 5 Days 29
If less than one day hr. min.

Immediate cause of death: Tuberculous Pneumonia
Due to: Myocarditis
Other conditions: 108
Major findings: Of operations
Of autopsy

9. Birthplace: MO
10. Usual occupation: Farmer

11. Industry or business
12. Name: Phillip Reed
13. Birthplace: MO
14. Maiden name: S. S.
15. Birthplace: OK

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant: Reed
(b) Address: @ informant mo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2/28/42
(c) Place: burial or cremation: Old Town OK
18. (a) Signature of funeral director: Phillip Reed
(b) Address: California MO
19. (a) 2-26-42 (b) Joe M. Mischkeff

23. Signature: George W. Reed (M. D. or other) M D
Address: Fulton MO Date signed: 2-26-42

Duration
2 days
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.